

SUPRAVENTRICULAR TACHYCARDIA

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Treatment options for patients with signs and/or symptoms of cardiac ischemia or poor perfusion:
 - Valsalva's maneuver.
 - Synchronized cardioversion:

	Monophasic:	Biphasic*:
	100J – 200J – 300J - 360J.	50J–75J–120J–150J–200J
 - Premedicate: Midazolam 2.0 mg slow IVP (1 mg/min) for patients ≤ 60 years old.
Midazolam 1.0 mg slow IVP (1 mg/min) for patients > 60 years old.
 - Adenosine: 6 or 12 mg, rapid IVP over 1 - 3 seconds.
May repeat in 1 - 2 minutes.

Pediatric:

- Treatment option for patients with signs and/or symptoms of cardiac ischemia or poor perfusion:
 - Valsalva's maneuver.
 - Synchronized cardioversion:

Monophasic:	Biphasic*:
<ul style="list-style-type: none">• 0.5J/Kg–1J/Kg–2J/Kg–4J/Kg.• Premedicate: Midazolam 1 mg slow IVP (1 mg/min) in patients ≥ 20 kg.	<ul style="list-style-type: none">• 1J/Kg–1J/Kg
 - Adenosine: 0.1 or 0.2 mg/kg rapid IVP over 1-3 seconds to maximum 6 mg.
May repeat in 1 - 2 minutes. Maximum single dose 12 mg.

Notes:

- Patients generally should be treated in the field only if there is an adverse effect related to the tachycardia. Signs and symptoms of an unstable condition may include: chest pain, shortness of breath, decreased level of consciousness, low blood pressure, shock, pulmonary congestion, congestive heart failure, and acute myocardial infarction. The most unstable patients, especially those with altered mental status, may require immediate cardioversion without premedication.
- Unstable patients may require unsynchronized cardioversion (defibrillation) if synch does not occur.
- For pediatric patients, sinus rhythms may be as fast as 220/min, especially in small infants. Children may simply have rapid sinus tachycardia. Valsalva's maneuver may be attempted in older children who can understand and cooperate.
- *Cardioversion energy levels vary according to the type of waveform (monophasic or biphasic). Follow manufacturer's recommendations. If none listed, utilize energy levels as noted above.
- Documentation should indicate if monophasic or biphasic energy was used and the amount of Joules administered.
- When cardioverting pediatric patients:
 - Patients younger than 1 year/10 Kg weight: use "infant" paddles on patients.
 - Patients > 1 year/10 Kg: use adult paddles and the anterior/posterior placement.

Shaded text indicates BH order

Unshaded text indicates standing order